



*P.O. Box 888  
Denton, TX  
76202-0880*

**800-521-2351**  
**www.fivestarortho.com**

**Office Use Only**

Date Received: \_\_\_\_\_ Order #: \_\_\_\_\_

**Cephalometric Tracing Department**  
**Doctor: Please complete separate form for each patient**

Date: \_\_\_\_\_ Date Wanted: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**Bimler** [ ] \$41.95    **Sassouni Plus** [ ] \$41.95    **Rondeau** [ ] \$41.95

**Treatment Plan/Ceph Interp. (B. Middle)** [ ] \$83.50 + ceph charge  
Includes (cast analysis, Schwartz measurement & appl. suggestions)

**Schwarz Korkhaus measurement** [ ] \$10.00

**Hold model for appliance fabrication:** Yes [ ] No [ ]

**Digital Study Models Needed:** Yes [ ] No [ ]

Patient's Age: \_\_\_\_\_

Name: \_\_\_\_\_ Male: [ ] Female: [ ]

Signature: \_\_\_\_\_

**Email To: [karol@fivestarortho.com](mailto:karol@fivestarortho.com)**

FM 432-101-77